CACFP Sponsored Center (Site) Review Form

Iowa Child and Adult Care Food Program

Recommended Form Revised 2/2006 Revised to meet 2nd Interim Rule Sponsored Center Site Review Form

Requirement: Sponsors must adequately train, supervise & review sponsored center (site) operations to insure that CACFP requirements are met. Written site reviews must be done and documented before CACFP participation & 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, if 1-4 claims do 1 review. Review averaging option: Sites with 12 claims may receive 2, 3, or 4 reviews if the total number of reviews for all sites = 3 x the number of sites & the State is notified that review averaging will be used. Review averaging cannot be used for sites with block claims or serious deficiencies. No more than 6 months may elapse between visits, & no more than 9 months may elapse when 2 reviews are conducted, from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be at mealtime. Centers may receive announced or unannounced visits at any time from any CACFP governmental official. Proper ID must be available from any review official.

Instructions: Complete this form for sponsored center site reviews. Another form may be used if each item listed here is included. 1. REVIEW INFORMATION Fiscal year reviews: Pre-approval 1st Review averaging: Y **Sponsor name:** Site name: **THIS REVIEW:** Arrival time: Departure time: LAST REVIEW Date: Reviewer: Announced Date: Reviewer: Unannounced-no meal observed_ Unannounced- meal observed_ 1st Unannounced___ 2nd Unannounced Is this review due to a block claim? Y____ Announced If yes, document findings. Meal Observed: B AM L PM S ES Enrollments are updated yearly: Y Number enrolled: None Over capacity: Y_ N_ License/approval expiration date: ___ Capacity: __ List any required changes from the last review. Total attendance at this review: ADA for claim: ___ Is today's total attendance reasonable by comparison**? Y__ N__ Do parents generally sign children in/out**? Y_ N_ Is a household contact needed? Y___ (if block claim+ 2 other factors**) N_ Serious Deficiency: Y___ N___ (if yes, current visit must be unannounced.) Yes No N/A **Comments** 2. MEAL SERVICE Record foods served and serving sizes Check Meal Type: B__ AM__ L__ PM__ S__ ES N/A Meal Name of food served Amt(s) Requiremnts Was the meal served within ½ hour Component met? served of State approved time? Did staff sit with participants, Milk Enough food served? enjoy and discuss foods? Meat/Alternates Was meal adequately supervised? Yes No Grain/Bread Was the meal served family style? (2 for Adult If yes: Centers) Were participants appropriately Fruit/Veg. Met meal pattern? (2 for L and S) encouraged to try all foods? Yes No Were bowls and utensils sized for easy Other passing and serving? Was all food on table at beginning of Number Served Total participants served: Age Group Rm 1 Rm 2 Rm 3 meal? Comments: If staff served food, were the 1-2 years required amounts on the plate (cup) at the beginning of the meal? Was mealtime atmosphere 3-5 years pleasant, relaxed and calm? Did participants decide how much 6-12 years and which foods to eat? Adult participant Was an accurate meal count taken during meal time**? Staff N/A 3. INFANTS Yes No Comments Record foods served to infants and serving sizes Check Meal Type: B__ AM__ L_ PM__ S_ ES N/A Does the center offer to provide formula Meal Component Birth through 8 through 11 4 through 7 and is this documented with parent-signed 3 months months months infant enrollment forms on file? Iron fortified Are bottles & food from home infant formula or labeled with date & child name? breast milk Are meals recorded during meal service? Iron-fortified infant cereal Fruit/Vegetable Are there daily dated menus for each child or age group? Meat/Meat Is there written communication alternate from parents about foods to serve? Do meals contain required Bread/Crackers (snack only) components and serving sizes? Juice (snack only) Is food chosen and textured to avoid choking? When ready for Do claimed meals contain at least Number of solids infants served one center-provided component?

after using the restroom?		<u> </u>			last five days**?					contact
Are can openers washed daily or					Are meal count rec	ords up to date?				
when used?					4 1 1 1 1	61 6 11				
Are tables washed and sanitized					Are daily dated men	nus on file for all				
before meals?		<u> </u>	-		meals served?	n the Iritahan and				
Is the refrigerator(s) clean and at					Are menus posted i					
a temperature 32°-40°F? Is the freezer clean and at a	\vdash	 			Are meal substitution				 	<u> </u>
temperature of 0° F or below?					menus and food pro					
Are disposable gloves or clean	 	 	 		Menus offer a healt				1	+
utensils or hands used to directly					colors, flavors, text					
handle food?					temperatures, famil					
Using a 3-compartment sink, is	 	 	 		Do weekly menus i				 	
the proper manual dishwashing					3-4 servings of Vita					
sequence followed?					2-3 serving of Vita					
Is the dishwasher temperature	 		1		Do menus include f					
maintained at or above 155°F?					vegetables at least t					
Are transported foods kept at	 		1		Are sweets limited					
safe temperatures (below 40°F						·			<u> </u>	1
for cold foods and above 140°F					Do production reco					
for hot foods)?					that minimum requ					
,	 	 			food were prepared				 	<u> </u>
Is an appropriate sanitizer used on food contact surfaces?					Were food producti					
Is sanitizer/bleach used mixed &	 	 	\vdash		completed for the o				 	<u> </u>
					Is attendance record from meal counts?	ded separately				
used according to directions? Do food handlers wash hands	 	 	\vdash		Are medical statem				 	1
before handling food and after					participants who ar					
touching anything unsanitary?					the CACFP meal pa					
Is food served at appropriate	\vdash	 	+ +				▼ 7 - ~	TAT .	TAT/A	C
temperatures?					7. TRAINING		Yes	No	N/A	Comments
Is food properly stored in	 	 	 		Key staff * have at	least 1.5 hours of			 	Staff may need
refrigeration units and in dry					CACFP training pri					more than 1.5
storage areas?					operations &/or wit					hrs to perform
storage areas.					& enough to do dut					CACFP duties
Are regular cleaning schedules	 		 		If not, list CACFP t			Topics		Dates
					needed and when th			Topics		Dates
maintained?		l	ļ ,	I						
maintained?		ļ	1		provided.					II.
Is a licensed pest control service		 	\vdash			RITION	Ves	No	N/A	Comments
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Is a licensed pest control service							Yes	No	N/A	Comments
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Is a licensed pest control service used regularly? Are food storage areas free of					8. TEAM NUT Do participants hav	re several daily rn about food,	Yes	No	N/A	Comments
Is a licensed pest control service used regularly? Are food storage areas free of pests, cleaning supplies and					8. TEAM NUT Do participants hav opportunities to lea	re several daily rn about food, physical activity?	Yes	No	N/A	Comments
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N/A

Comments

If no, is a factor

for parent

Yes

No

4. SAFETY/SANTATION

Do participants and staff wash

hands before and after meals and

Yes

No

N/A

Comments

6. RECORD KEEPING

enrollments and attendance for the

Do meal counts correspond to